

(From Frank Pitts, A+)

VERMONT: MEETING NOTES; February 6, 2006

Attendees: Beth Tanzman, Mike Kuhn; Frank Pitts; Ira Goodwin, David Mitchell, Stuart Graves, Anne Donohue, Judy Rosenstreich, Scott Thompson, Adena Weidman. (Others were in attendance, but I do not have a copy of the list).

1. Frank Pitts elicited comments on the qualities that were most important in the new facility. They were: Safe/Secure, Airy, Light, Green, Uncluttered, Non-institutional, Quiet, Soft, Friendly, Respectful, Open/Inviting/Engaging, Heterogeneous/Not Cookie Cutter, Private, Non-threatening/Inviting, Relaxing/Soothing, Clinically Adapted, Flexible.
2. Beth Tanzman confirmed that the first focus group meetings would be held during the first week in March.
3. There was a discussion about the availability of phones on the unit. The general regulation is that phones be available for use by patients. The program calls for one phone booth. It was agreed that there should be one in each bed cluster.
4. The entire hospital will have CAT 6 wiring installed.
5. There was a discussion about the size of the clusters. The staff expressed a preference for one 6-bed cluster as an ICU to serve the most acutely ill patients. In addition there will then be a 10-bed and a 12-bed cluster for a total of 28 beds.
6. There was concern that the bedrooms may be too small to accommodate hospital beds for patients requiring medical care. It was agreed that there will be one room of a larger size equipped with medical gasses on the 6-bed and 10-bed cluster and two rooms on the 12-bed cluster. One of the medical rooms on the 12-bed cluster will also be designed for isolation. These bedrooms will be 200 nsf.
7. Being physically attached to Fletcher Allen is important.
8. Linen is exchanged and replenished every day at Fletcher Allen.
9. A room for the storage of extra patient clothing should be added to the program. Clothing in patient bedrooms will be kept in built-in closets.
10. Some patients may eat in their rooms rather than the dining room. Patients on the ICU (6-bed cluster) will not eat in the main dining room. Separate dining space should be provided in the ICU.
11. The ICU will have a higher staffing ratio than the other clusters and will have more consultative staff.
12. The average length of stay at VSH is over 30 days. The VSH population is more acutely ill than the Fletcher Allen psychiatric population. Approximately 50% to 60% of VSH patients are referred by the forensic system for pretrial evaluation. There is no separate track for forensic and civil patients. A very few are admitted after adjudication and then would have to meet the same criteria as civil admissions. Forensic patients who do not meet the criteria are treated in the corrections system. The bulk of evaluations are done on an outpatient basis or in the jails. If the admitting psychiatrist feels that a prisoner does not meet the level of care criteria, the prisoner is sent back to the jail.
13. There is difficulty managing patients sent directly from the corrections system and is one of the reasons for establishing the ICU. The actuarial study, to be

completed by the end of March, will, presumably, include an estimate of the number of forensic patient admissions to the hospital.

14. An initial draft of the space program was distributed and comments were made:
 - a. Patients will not be involved in meal preparation and, therefore the kitchen adjacent to the dining room need not be more than a kitchenette and reduced in size. In part, this is because a kitchen used for meal preparation would have to meet restaurant standards which are difficult and expensive to maintain.
 - b. Nutrition counseling can be done in the multi-purpose or other meeting rooms.
 - c. There will not be a ceramics program. A kiln room is not needed.
 - d. The number and type of offices was discussed. The staff felt that more private offices and fewer shared offices were needed. The precise number can be determined from the staffing projections in the Future's report. In addition, a request was made for a private office for the psychiatric residents.
 - e. The courtroom should be immediately accessible to the unit and there should be an attorney's office adjacent to the courtroom. The courtroom should have a table for the judge and two tables for the attorneys. It should be equipped for video conferencing. The size of the courtroom at VSH is adequate. The courtroom can also be used as a conference room since court is in only in session once a week. The attorney's office can be shared. There is no attorney assigned to the hospital.
 - f. There should be a place for barber/beautician activity. It is likely that this will take place in a room like the tub room.
 - g. It is assumed that dental service will be provided by Fletcher Allen.
 - h. In the ICU the Activity/Recreation area in the ICU should be increased from 160 to 200 nsf and a dining room is to be added.
 - i. The Seclusion Room Ante Room should be increased in size to allow a patient to rest there without being in the seclusion room.
 - j. The Art/Ceramics room and the kiln room will be eliminated.
 - k. The Quiet Activity Room will be changed to the Comfort Room.
 - l. The Classroom will be eliminated.
 - m. The Courtroom will be moved to the Support Suite Program.
15. Time did not allow a discussion of the Secondary Unit.
16. There will be on Tuesday, February 14th at Fletcher Allen to discuss their Master Plan and to review potential sites for the new 28-bed psychiatric unit.
17. The next meeting with A+ will be on Tuesday, February 21st.
18. A+ will tour Brattleboro on Wednesday, February 22.